_		Eff	ective Oc	tober 1, 2	003	TION RE	COF	ID	100	36		- 3 ((
,	•	CLAIMS		S FILED - PART I				SMAL	L ENTIT				
TOTAL CLAIMS			COIL	(Column 1)		(Column 2)		TYPE			OR	SMA	IER THA LL ENTI
FOR			NUMB	NUMBER FILED		NUMBER EXTRA		RAT BASIC		EE		RAT	
	TOTAL CHARG		minus 20=		*				5.00	OR	BASIC	EE 770	
111	NDEPENDENT	CLAIMS		minus 3 =				X\$ 9			OR	X\$18	=
N	NULTIPLE DEP	ENDENT CLAIM	PRESENT					X43	=		OR	X86=	
*	If the differen	ce in column 1	is less than	less than zero, enter "c		0" in column 2		+145			PIC	+290=	
		CLAIMS AS	AMENDI	ED - PART	ГИ -	•		1012	\L	ــا (AC	TOTAL	<u></u>
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AMENDMENTA		REMAINING AFTER AMENDMENT	1	NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADD	II- AL		RATE	ADD TION
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Ħ	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+2	290=	•
the "Lighest Alumber Provider Paid For In THIS SPACE is less than 20, enter "20."											TOTAL IT. FEE		
Th	e "Highest Numb	er Previously Paid	For" (Total or	Independent) I	s the hi	ghest number	found	In the app	ropriate bo	- x in qol	umņ	1,	
IP.	TO-875 (Rev. 10/	031				· 		nd Tradem	,		•		